No English Spec!

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

523219

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
FOR		NUMI	BER FILED	NUMBER I	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
ТО	TAL CLAIMS		minus 20= *			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 = *			X39=		OR	X78=	
MU	LTIPLE DEPEN	DENT CLAIM	CLAIM PRESENT					OR	+260=	
* If	the difference	TOTAL		OR	TOTAL					
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**	=	X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL			TOTAL	
		(Column 1	\	(Column 2)	(Column 3)	ADDIT. FEE	L	<b>.</b>	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	<b>a</b>	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL	<u> </u>	OR	TOTAL	
		(Column 1	1)	(Column 2)	(Column 3)	ADDIT. FEE		<b>,</b> ~ , ,	ADDIT. FEE	
AMENDMENT C	a service and a	CLAIMS REMAINING AFTER AMENDMEN	G .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		1	+260=	1
	If the entry in colu	ımn 1 is less tha	an the entry in co	lumn 2, write "0" in c	olumn 3.	TOTAL	<del> </del>	OR	TOTAL	
	If the "Highest Nu	ımber Previous	y Paid For" IN Th	HIS SPACE is less th HIS SPACE is less th or Independent) is th	an 20, enter "20." an 3. enter "3."	ADDIT. FEE	propriate bo	OR ox in co	ADDIT. FEE	<b></b>

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER	: <u></u>	-					
		Total F	ee Calcu	latios				
	<u>F≈r Code</u>	Toe: # Cares	Mado: Estra		₽₩	Fæ	æ	Tou!
	Sauty				Sal Estiny	Lg Eat.	TY	
Busic Filing Fee	201/101						-	
Total Claims >20	203/103	-23	۹	X			-	-
ladepeadeat Claims >3	. 2021102	-3	·	X			**	
Mult. Dep Claim Present	204/104						-	
Curhiga	205(105				<u></u>	<del> </del>	4	
English Translation	139						•	1 7
TOTAL FEE CALCUL	ATTON .					•		
Fees due upon <u>Elio</u> g :	ibe application	i.					٠.	
Total Filling Fees Due	:= 3							
Less F <u>illing</u> Fees Subs	zined -S_	,			· :		·	
BALANCE DUE	= 5							
Office of Initial Pates								
Office of Initial Pater	(Examination		•					

FORM OPE-RAM-01 (Rev. 1277)